

No. W 28889		Due no later than Feb 29, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		PAUL J STARK 5088 N ABERDEEN PLACE MERIDIAN ID 83646			
		1. Mailing Address: Correct in this box if needed. HEART 'N HOME HOSPICE AND PALLIATIVE CARE, LLC CINETA LEE 1100 NW 12TH ST FRUITLAND ID 83619 USA		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	CINETA LEE	2770 SW 1ST	NEW PLYMOUTH	ID	USA	83655	
MANAGER	KRISTOPHER REX STICE	5207 HWY 72	NEW PLYMOUTH	ID	USA	83655	
MANAGER	TODD A STICE	2467 BROOKS DRIVE	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 28889		Signature: Pamela Stampfli		Date: 12/14/2011			
		Name (type or print): Pamela Stampfli		Title: Director of Finance			
Processed 12/14/2011		* Electronically provided signatures are accepted as original signatures.					